FOR INSTRUCTIONS, SEE BACK OF FORM		FORM	STATEMENT
CHECK ONE:		DR-1	OF ORGANIZATION
This is an initial* Statement of Organization		(Rev. 04/2008)	
☑ This is an amended* Statement of Organization *An initial Statement of Organization must be filed within 10 days of the con This is an amended* Statement of Organization for the con The control of Organization in the control of Organization. The control of Organization for the control of Organization. The control of Organization for the control of Organization. The control of Organization for the control of Organization. The control of Organization for the control of Organization. The control of Organization for the control of Organization. The control of Organization for the control of Organization. The control of Organization for the control of Organization. The control of Organization for the control of Organization for the control of Organization. The control of Organization for the control of Organization for the control of Organization. The control of Organization for the Organizatio	nmittee's accepting contributions.	For Office Use (/mx ロフらろ
making expanditures, or incurring indebtedness exceeding \$750. Amendm	ents must be filed within 30 days of	Indexed	
a change. Penalties may be imposed for late-filed Statements of Organization	lion. A candidate with an open	Audited	
committee that exceeds \$750 in activity for another office shall file within 10 DR-1 disclosing information concerning the campaign for the new office so) days either a new or amended Inht	Computer MVM	
COMMITTEE NAME ↓ ↓ (A candidate's committee must include the		f the committee \	
Rainbow Equality PAC	candidate's last hame in the hame o	(the Williamee.)	
IMPORTANT: Indicate type of committee you are reporting for: (1)Statewide/Legislative/Judge Standing for Retention Candidate (2) (5)County Candidate (6)City Candidate (7)School Board or Other (10)School Board or Other Political Subdivision PAC (11) Local Bal)Statewide PAC (3)State Party (4 Political Subdivision Candidate (8)County PAC (9)C	ity PAC
COMMITTEE TREASURER (mandatory for all committees)	COMMITTEE CHAIR (mand	latory except for a c	andidate's committee)
Name Kim Jones	Name Phyllis Stevens		
Mailing Address PO Box 18	Mailing Address PO Box 18		
City, State danola Zip Code 50125	City, State Jola, IA Code J	50125	
Phone (515) 255-3022	Phone (317) 709-3324		
e-Mail kwj54@msn.com	e-Mall phyllisetc@aol.com		
INDICATE PURPOSE OF COMMITTEE - Check One Box	vocate for/against candidate(s)	dvocate for ballot iss	u e (s)
Comment or description:	_ A	dvocate against ballo	ot issue(s)
All Candidates Enter:	County/Local Candidates	and Local Ballot Co	mmittees Enter:
Office Sought:	County:		
Political Party (if applicable)	(If active in multiple ballot iss	sue elections, attach	ist of counties
District:	Date of Election:		
	Date of Election.		
Year Standing for Election:			if annicable)
	Candidate name & Address or F	Parent Entity (PACs,	if applicable),
Year Standing for Election:	Candidate name & Address or F		if applicable),
Year Standing for Election: Bank Account Name (must match committee name) Rainbow Equality PAC	Candidate name & Address or F	Parent Entity (PACs,	if applicable),
Year Standing for Election: Bank Account Name (must match committee name) ↓ ↓ Rainbow Equality PAC Name of Financial Institution/type of Account ↓ ↓	Candidate name & Address or F	Parent Entity (PACs,	if applicable),
Year Standing for Election: Bank Account Name (must match committee name) ↓ ↓ Rainbow Equality PAC Name of Financial Institution/type of Account ↓ ↓ Bankers Trust/ Checking	Candidate name & Address or F	Parent Entity (PACs, Affiliate, or Sponsor	
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Year Standing for Election: Bank Account Name (must match committee name) ↓ ↓ Rainbow Equality PAC Name of Financial Institution/type of Account ↓ ↓ Bankers Trust/ Checking Mailing Address ↓ ↓ 717 7 St City ↓ ↓ State ↓ ↓ Zip ↓ ↓	Candidate name & Address or Address or Mailing Address	Parent Entity (PACs, Affiliate, or Sponsor	
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